
Letter Number 2022-18

Date: August 19, 2022

Fee-for-service [15]

Experience-rated HMO [15]

Community-rated HMO [17]

Subject: Post-Acute Sequelae of COVID (PASC)

Background

Post-acute sequelae of COVID (PASC), known commonly as “Long COVID”, is increasingly recognized as a late effect of the COVID-19 pandemic. It is defined by the World Health Organization as an illness that occurs, usually within 3 months after the onset of a probable or confirmed acute COVID-19 infection, with symptoms and effects lasting for at least two months, that cannot be explained by an alternative diagnosis.¹ Rather than being unusual, these types of late effects have been previously described in association with Influenza pandemics in the 19th and 20th centuries.² The precise incidence and prevalence of PASC is unclear, but even conservative estimates place the number of affected individuals in the millions, and perhaps tens of millions of individuals.³ Preliminary data indicate that those most severely affected by an active COVID infection are more likely to suffer from PASC. In other words, those requiring ICU care are more likely to suffer from PASC than those just requiring hospitalization. Hospitalized, non-ICU patients, however, are more likely to be affected by PASC than those not requiring

¹ [How is post-COVID 19 condition defined?](#) (World Health Organization)

² Stefano GB [Historical Insight into Infections and Disorders Associated with Neurological and Psychiatric Sequelae Similar to Long COVID](#). Med Sci Monit. 2021 Feb 26;27:e931447. doi: 10.12659/MSM.931447. PMID: 33633106; PMCID: PMC7924007

³ Xie Y, Bowe B, Al-Aly Z. [Burdens of post-acute sequelae of COVID-19 by severity of acute infection, demographics, and health status](#). Nat Commun. 2021 Nov 12;12(1):6571. doi: 10.1038/s41467-021-26513-3. PMID: 34772922; PMCID: PMC8589966.

hospitalization. Nevertheless, individuals can have long-term effects irrespective of their initial illness severity.³

The appropriate diagnosis and treatment of PASC, as well as support for those affected, is a Biden Administration priority with an interagency coordination working group overseeing the efforts of a National Research Action Plan and a separate workgroup on the longer-term impacts of COVID. OPM will keep Carriers apprised of the results of these efforts.

PASC has been associated with over 200 different symptoms in ten organ systems,^{3,4} with the most commonly reported related to neurocognitive dysfunction (“brain fog”), respiratory difficulties, renal insufficiency, fatigue, post-exertional (physical and mental) malaise, and gastrointestinal and cardiovascular problems.⁴ Symptoms in these latter two organ systems appear most likely related to dysfunction of the autonomic nervous system.^{5,6} In addition, a variety of behavioral health disorders are associated with PASC, including insomnia and generalized anxiety.

There are no definitive tests for PASC, so its diagnosis is often a diagnosis of exclusion. This means that a variety of diagnostic tests such as brain MRIs, cardiovascular imaging, and peripheral nerve biopsies may be necessary to exclude other etiologies for the often-vague symptoms associated with PASC.

Treatment paradigms are evolving, and include the use of anti-depressants, physical and occupational therapy with specific protocols for Long COVID recovery at centers experienced in the treatment of PASC, and behavioral

⁴ Groff D, Sun A, Ssentongo AE, et al. [Short-term and Long-term Rates of Post-acute Sequelae of SARS-CoV-2 Infection. A Systematic Review.](#) *JAMA Netw Open.* 2021;4(10):e2128568. doi:10.1001/jamanetworkopen.2021.28568

⁵ Dani M, Dirksen A, Taraborrelli P, Torocastro M, Panagopoulos D, Sutton R, Lim PB. [Autonomic dysfunction in 'long COVID': rationale, physiology and management strategies.](#) *Clin Med (Lond).* 2021 Jan;21(1):e63-e67. doi: 10.7861/clinmed.2020-0896. Epub 2020 Nov 26. PMID: 33243837; PMCID: PMC7850225.

⁶ Eldokla AM, Mohamed-Husein AA, Fouad AM, et al, [Prevalence and patterns of symptoms of dysautonomia in patients with long COVID syndrome – A cross sectional study.](#) *Ann Clin Trans Neurology.* 2022; 9(6): 778-785. Doi:10.1002/acn3.51557

health support. Additional information on Long COVID can be found on the [Centers for Disease Control and Prevention website.](#)

Actions for Carriers

It is an FEHB Program priority that members affected by PASC receive up-to-date, appropriate care for their condition. Science and treatment modalities are changing rapidly so we encourage Carriers to remain current in their understanding of evolving diagnostic tests and treatment modalities, and that maximum flexibility be accorded to FEHB members seeking evaluation of their symptoms after a COVID infection.

While OPM understands the importance of experienced centers of excellence in providing appropriate care to FEHB members, especially in a new and evolving area of medicine, this must be balanced against the need to provide timely access for members potentially affected by PASC. The volume of cases necessitates a response from providers at all levels and coordination among providers to ensure access and appropriate treatment.

OPM appreciates the multitude of behavioral health issues surrounding the COVID pandemic, especially for those members affected by PASC. We encourage Carriers to make efforts to ensure that all members have access to needed behavioral health providers.

An ICD-10 code for PASC (U09.9 Post COVID-19 condition, unspecified), created by the National Center for Health Statistics of the Centers for Disease Control and Prevention, became effective on October 1, 2021. This code is a secondary code, meaning that it should only be used in conjunction with a primary ICD-10 code that indicates the specific sign or symptom that the patient is having (e.g., chronic respiratory failure [ICD code 396.1]). OPM will report on aggregate PASC numbers and other supporting information in the future.

OPM appreciates Carrier recognition of this new and important medical condition. Since rapidly evolving diagnostic and therapeutic tools are a

critical part of the clinical landscape, maximum flexibility should be utilized to ensure that FEHB members receive necessary care.

Sincerely,

Laurie Bodenheimer
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